

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	✓	32	5/29
FORMALITY REVIEW	HS	466	07.02.01
RESPONSE FORMALITY REVIEW	MC	1019	10.29.01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
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2	1	11-13-01	5/29/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1655-7-158  
10/29/01